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*Comments:*

Please find attached an executed REVOCATION OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS for Application No. 10/813,611.

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PTO/SB/02 (04-05)

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REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/813,611
Filing Date	March 29, 2004
First Named Inventor	Theresa Harris
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

OR

Firm or  
Individual Name:  LAW OFFICE OF MAI PARE

Address:  1821 WILSHIRE BLVD., SUITE 530

City:  SANTA MONICA

State:  CALIFORNIA

Zip:  90403

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Telephone:  310.829.6946

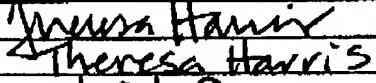
Email:  MAIPARELAW@YAHOO.COM

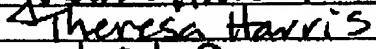
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature: 

Name: 

Date:  7/15/05

Telephone:  310 450 2305

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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**POWER OF ATTORNEY  
and  
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INDICATION FORM**

Application Number	10/813,611
Filing Date	March 29, 2004
First Named Inventor	Theresa Harris
Title	Methods and Systems...Dictionary
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
Maia Pare	49,001

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	LAW OFFICE OF MAIA PARE		
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City	SANTA MONICA	State	CALIFORNIA
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(d) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Theresa Harris</i>	Date	7/19/05
Name	Theresa Harris	Telephone	310.950.2305
Title and Company	President, Word Wise Cards		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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